

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6163-68-025904

FILED JUN 21 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b
4 yr 3 mo

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

c. CITY
OR
TOWN St. Louis

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Masonic Home of Mo.

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS (If outside, give location)
4066 Lindell Blvd.

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
Abe Edward Goldsworth

4. DATE
OF DEATH Month Day Year
June 9, 1963

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☒

8. DATE OF BIRTH

11/23/1876

9. AGE (last birthday)

86

IF UNDER 1 YEAR IF UNDER 24 HR.
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Salesman

10b. KIND OF BUSINESS OR INDUSTRY
Insurance

11. BIRTHPLACE (City and state or country)
Warsaw, Russia

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Grabriel Goldsworth

13b. MOTHER'S MAIDEN NAME

unknown

14. NAME OF HUSBAND OR WIFE

(1st name unk.) Greenburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
unk

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Masonic Home of Mo.
5351 Delmar Blvd.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA (TERMINAL)
DUE TO (b) CARCINOMA OF PROSTATE WITH METASTASIS
DUE TO (c) 177x

INTERVAL BETWEEN
ONSET AND DEATH
24 hrs.
10 years.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3/23/59 to 6/9/63 and last saw him alive on 6/9/63
Death occurred at 9 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Harold E. Walters M.D.

22b. ADDRESS

3720 Washington St. Louis

22c. DATE SIGNED

6-10-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
cremation

23b. DATE
6-11-63

23c. NAME OF CEMETERY OR CREMATORY
Valhalla Crematory

23d. LOCATION (City, town, or county)
St. Louis County Mo.

24. FUNERAL DIRECTOR

ADDRESS

Drehmann-Haral, 1905 Union Blvd.

25. DATE RECD. BY LOCAL REG.

JUN 11 1963

REGISTRAR'S SIGNATURE

Read Smith M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
1
2 21
3 9
4 0
5 2
6
7 1
8 2
9
10
11
12 86-0
13
86

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Warren A. Carver

Licensed Embalmer No.

3534

P. O. Address

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.